U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 18164	2. Fiscal Year Covered From:		
`	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name DONATO A CAPASSO	Name UA PLUMBERS LOCAL 14		
	Labor Organization File Number 055–880		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 40 Cooper Place	Street 150 Main Street		
City Harrington Park	City Lodi		
State NJ ZIP Code +4 07640	State NJ ZIP Code + 4 07644		
5. Position in labor organization.  Business Agent and Tr	ustee		
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Armistead Mechanical	4 Baseball game tickets		
Name Armistead Mechanical  Trade Name, if any:	4 Baseball game tickets		
P.O. Box, Bldg., Room No., if any	4 Baseball game tickets 7.b. Amount.		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 168 Hopper Avenue			
Trade Name, if any:  P.O. Box, Bldg., Room No., if any			
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 168 Hopper Avenue	7.b. Amount.		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 168 Hopper Avenue  City Waldwick	7.b. Amount. \$280.00		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 168 Hopper Avenue  City Waldwick  State NJ ZIP Code +4 07463	7.b. Amount.  \$280.00  ature  Perjury and other applicable penalties of the law, that all of the information no documents), has been examined by the signatory and is, to the best of the		
Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 168 Hopper Avenue  City Waldwick  State NJ ZIP Code + 4 0.7463  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.b. Amount.  \$280.00  ature  Perjury and other applicable penalties of the law, that all of the information no documents), has been examined by the signatory and is, to the best of the		

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## DONATO CAPASSO

File Number U-

B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name UA PLUMBERS LOCAL 14  Trade Name, if any: WELFARE FUND  P.O. Box, Bldg., Room No., if any  Street 150 Main Street  City Lodi.  State NJ ZIP Code + 4 97644  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name UA PLUMBERS LOCAL 14 WELFARE FUND  Trade Name, if any:	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer  11.a. Nature of such dealing.  Trustees Conference  5/2/04 to 5/5/04		
P.O. Box, Bldg., Room No., if any	11/4/04 to 11/7/04	De Cambridge Co.	
Street 150 Main Street	11.b. Approximate dollar value of such dealing. \$2,330.09	les societations surface s	
City Lodi	12.a. Nature of interest held or income received.		
State NJ ZIP Code + 4 07644	Expenses, Hotel, AirFare		
	12.b. Amount,	2 PARALLY specialization using	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>	14.a. Nature of payment.		
Name		mande subjects expellently advants	
Trade Name, if any:		nder dissert a consequent	
P.O. Box, Bldg., Room No., if any		PARA CALIFORNIA PARA CALIFORNI	
Street		A Compression of Assess	
City City		VIPENDENTANA	
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing DONATO CAPASSO	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise		
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:	11.a. Nature of such dealing.		
P.O. Box, Bldg., Room No., if any Street			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Commerce Bank  Trade Name, if any:	Party at River Edge, NJ restaurant		
P.O. Box, Bldg., Room No., if any Street 1701 Route 70 East			
City         Cherry Hill           State         NJ           ZIP Code + 4         08034			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing	DONATO CAPASSO		File Number <b>U</b> -
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise			
dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.  8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:	9. Business deals with:  a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any  Street  City  ZIP Code +4	c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any			
Street   1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	11.b. Approximate dollar value of such dealing.	A la description de la constantina del const	
State ZIP Code + 4	12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).  Name Mechanical Contractors Association NJ	MC/UA Convention - NJ Dinner 3/2/04		
Trade Name, if any:		TO ANY CONTROL OF THE PARTY OF	
P.O. Box, Bldg., Room No., if any PO Box 390			
Street 211 Mountain Avenue			
City         Springfield           State         NJ         ZIP Code + 4         07081			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$153.60	